



# MENOMINEE INDIAN TRIBE OF WISCONSIN

## COMPREHENSIVE VETERANS' QUESTIONNAIRE

This survey will ONLY take  
ten minutes to complete

**INSTRUCTIONS.** If you are a (1) member of an Indian Tribe or a descendant of an Indian Tribe, (2) reside on or near the Menominee Indian Reservation, and (3) are a veteran of the Armed Services, the Menominee Tribe is asking you to participate in a **CONFIDENTIAL** survey designed to identify the composition, needs and challenges of Native American veterans. We realize some of the questions are very personal in nature, but we do need you to answer them as honestly as possible so that we can better tailor programs to accommodate the special needs and challenges of our veterans. If you are not a Veteran of the Armed Services, please do not fill out this survey.

### I. SERVICE INFORMATION

#### Q1. Are you male or female?

- ☐ Male
- ☐ Female

#### Q2. What is your marital/relationship status?

- ☐ Married
- ☐ Single
- ☐ In a relationship

#### Q3. How many children do you have? .....

#### Q4. How many children do you have that are under 18 years old? ....

#### Q5. What is your Tribal membership or affiliation with a Tribe?

- ☐ I am an enrolled member of the Menominee Tribe
- ☐ I am a descendant of the Menominee Tribe
- ☐ I am an enrolled member of the \_\_\_\_\_ Tribe
- ☐ I am a descendant of the \_\_\_\_\_ Tribe
- ☐ Other (please describe):

#### Q6. Did you voluntarily enter the Armed Services or were you drafted?

- ☐ I was drafted
- ☐ I volunteered
- ☐ I was court ordered
- ☐ Other (please specify):

#### Q7. If you volunteered to join the Armed Services, list the top 3 reasons why you joined? (List the top 3 reasons by entering "1" under the "Importance" column for the number one reason you joined, followed by "2" for the second main reason, and "3" for the third main reason):

#	Reason	Importance
1.	Family tradition.....	_____
2.	Childhood dream.....	_____
3.	Opportunity to travel.....	_____
4.	Patriotism/felt obligated to defend my country.....	_____
5.	Career opportunity .....	_____
6.	Opportunity to pay for my education.....	_____
7.	Opportunity to meet new people.....	_____
8.	I had no place else to go or to live .....	_____

#### Q8. When you entered the Armed Services, did you live on the Menominee Indian Reservation or did you live off the Menominee Indian Reservation?

- ☐ I lived ON the Menominee Indian Reservation
- ☐ I lived OFF the Menominee Indian Reservation

#### Q9. In which branch of the Armed Services did you serve, and how long did you serve in that branch?

- ☐ Army (Active) \_\_\_\_\_ Years and \_\_\_\_\_ Months
- ☐ Army (Reserves) \_\_\_\_\_ Years and \_\_\_\_\_ Months
- ☐ Marines (Active) \_\_\_\_\_ Years and \_\_\_\_\_ Months
- ☐ Marines (Reserves) \_\_\_\_\_ Years and \_\_\_\_\_ Months
- ☐ Air Force (Active) \_\_\_\_\_ Years and \_\_\_\_\_ Months
- ☐ Air Force (Reserves) \_\_\_\_\_ Years and \_\_\_\_\_ Months
- ☐ Navy (Active) \_\_\_\_\_ Years and \_\_\_\_\_ Months
- ☐ Navy (Reserves) \_\_\_\_\_ Years and \_\_\_\_\_ Months
- ☐ Coast Guard (Active) \_\_\_\_\_ Years and \_\_\_\_\_ Months
- ☐ Coast Guard (Reserves) \_\_\_\_\_ Years and \_\_\_\_\_ Months
- ☐ National Guard \_\_\_\_\_ Years and \_\_\_\_\_ Months
- ☐ Air National Guard \_\_\_\_\_ Years and \_\_\_\_\_ Months

#### Q10. How old were you when you entered the Armed Services?

I was \_\_\_\_\_ years old when I entered the Armed Services.

#### Q11. How old were you when you left the Armed Services?

I was \_\_\_\_\_ years old when I left the Armed Services.

#### Q12. How old are you now?

I am \_\_\_\_\_ years old now.

#### Q13. Please circle highest rank (by pay grade) that you obtained:

ENLISTED RANKS									
E-1	E-2	E-3	E-4	E-5	E-6	E-7	E-8	E-9	
WARRANT OFFICER RANKS									
W-1		W-2		W-3		W-4		W-5	
OFFICER RANKS									
O-1	O-2	O-3	O-4	O-5	O-6	O-7	O-8	O-9	O-10

Please complete this survey by Monday, January  
31, 2011, and return it to MITW-Administration,  
P.O. Box 910, Keshena, WI 54135

**Q14. During which era did you serve?**

1. ☐ World War II
2. ☐ Korea
3. ☐ Vietnam
4. ☐ Desert Shield/Desert Storm (Gulf War)
5. ☐ Operation Iraqi Freedom
6. ☐ Operation Enduring Freedom (Afghanistan)
7. ☐ Peace time
8. ☐ Other (please describe): \_\_\_\_\_

**Q15. Did you serve in combat?**

1. ☐ Yes
2. ☐ No

**Q16. Were you wounded in combat?**

1. ☐ Yes
2. ☐ No

**Q17. If you were wounded in combat, did you lose consciousness?**

1. ☐ Yes
2. ☐ No

**Q18. Have you witnessed someone killed in action?**

1. ☐ Yes
2. ☐ No

**Q19. How many combat tours did you serve in? .....**

**Q20. Did you serve overseas?**

1. ☐ Yes
2. ☐ No

**Q21. When you were separated from the service, how was your separation characterized?**

1. ☐ Honorable
2. ☐ Other than honorable
3. ☐ Dishonorable
4. ☐ Other: Please describe: \_\_\_\_\_

**Q22. Did you retire from the Armed Services?**

1. ☐ Yes
2. ☐ No

**Q23. How did the Armed Services transform your life?**

1. ☐ It made my life worse
2. ☐ It made no difference
3. ☐ It made my life better

**II. EDUCATION**

**Q1. What was the highest level of education you obtained BEFORE you entered the Armed Services?**

1. ☐ No high school diploma or general equivalency diploma
2. ☐ High school diploma/general equivalency diploma
3. ☐ Some college but less than an associates degree
4. ☐ An associates degree
5. ☐ A bachelors degree
6. ☐ A masters degree or beyond
7. ☐ Other (please describe): \_\_\_\_\_

**Q2. While you were in the service, what level of education did you obtain?**

1. ☐ No high school diploma or general equivalency diploma
2. ☐ High school diploma/general equivalency diploma
3. ☐ Some college but less than an associates degree
4. ☐ An associates degree
5. ☐ A bachelors degree
6. ☐ A masters degree or beyond
7. ☐ I did not further my education while I was in the service
8. ☐ Other: Please describe: \_\_\_\_\_

**Q3. After you got out of the service, what level of education did you obtain?**

1. ☐ No high school diploma or general equivalency diploma
2. ☐ High school diploma/general equivalency diploma
3. ☐ Some college but less than an associates degree
4. ☐ An associates degree
5. ☐ A bachelors degree
6. ☐ A masters degree or beyond
7. ☐ I did not further my education after I got out of the service
8. ☐ Other: Please describe: \_\_\_\_\_

**Q4. Are you pursuing or considering pursuing a college education/technical degree?**

1. ☐ Yes, I am actively enrolled in a college/technical school
2. ☐ Yes, but I am taking some time off right now
3. ☐ Yes, but I don't know where to start
4. ☐ No, I've attained the level of education I need

**III. HEALTH**

**Q1. Did you leave the Armed Services with a service related disability or illness?**

1. ☐ Yes
2. ☐ No

**Q2. What type(s) of disability or illness did you sustain while in the Armed Services?**

1. ☐ Post Traumatic Stress Disorder
2. ☐ Agent Orange
3. ☐ Gulf War Syndrome
4. ☐ Vision loss
5. ☐ Hearing loss
6. ☐ Amputation
7. ☐ Other trauma/illness (please describe): \_\_\_\_\_
8. ☐ Not applicable

**Q3. Where are you receiving healthcare services for your disability or illness?**

1. ☐ Menominee Tribal Clinic
2. ☐ Stockbridge-Munsee Clinic
3. ☐ Oneida Community Health Center
4. ☐ Shawano Medical Center
5. ☐ Veterans Hospital: \_\_\_\_\_
6. ☐ Other (please describe): \_\_\_\_\_
7. ☐ Not applicable

**Q4. How far do you have to travel to access healthcare for your disability or illness?**

Estimated Number of Miles Travelled: \_\_\_\_\_

**Q5. Are you receiving adequate healthcare for your service related disability or illness?**

1. ☐ Yes
2. ☐ No
3. ☐ Not applicable

**Q6. On a scale of 1 to 4, with 1 being the least satisfying and 4 being the most satisfying, how would you rate your primary healthcare provider?**

1. Quality of healthcare ..... \_\_\_\_\_
2. Affordability ..... \_\_\_\_\_
3. Access to medications..... \_\_\_\_\_
4. Responsiveness..... \_\_\_\_\_

**Q7. Do you smoke tobacco?**

1. ☐ Yes
2. ☐ No

**Q8. Do you use other tobacco products?**

1. ☐ Yes
2. ☐ No

**Q9. Are you overweight?**

1. ☐ Yes
2. ☐ No

**Q10. How often do you exercise?**

1. ☐ I don't
2. ☐ I exercise once a week
3. ☐ I exercise 2 to 3 times a week
4. ☐ I exercise daily

**Q11. Which of the following have you been diagnosed with or treated for? Check all that apply.**

1. ☐ Diabetes
2. ☐ Heart disease
3. ☐ High cholesterol
4. ☐ High blood pressure/hypertension
5. ☐ Cancer
6. ☐ Obesity
7. ☐ Cirrhosis
8. ☐ Mental illness
9. ☐ Other (please describe): \_\_\_\_\_
10. ☐ None of the above; I am healthy

**Q12. Do you have health insurance?**

1. ☐ Yes
2. ☐ No

**Q13. When is the last time you had a physical examination? Choose only one.**

1. ☐ Within the past year
2. ☐ One to two years ago
3. ☐ Three to five years ago
4. ☐ Six to 10 years ago
5. ☐ More than 10 years ago

**Q14. When was the last time you had a dental examination? Choose only one.**

1. ☐ Within the past year
2. ☐ One to two years ago
3. ☐ Three to five years ago

4. ☐ Six to 10 years ago
5. ☐ More than 10 years ago

**Q15. When was the last time you had an eye examination? Choose only one.**

1. ☐ Within the past year
2. ☐ One to two years ago
3. ☐ Three to five years ago
4. ☐ Six to 10 years ago
5. ☐ More than 10 years ago

**Q16. Do you have unprotected sex with multiple partners?**

1. ☐ Yes
2. ☐ No

**Q17. Have you been diagnosed with a sexually transmitted disease?**

1. ☐ Yes, within the past year
2. ☐ Yes, within the past 2 to 5 years
3. ☐ Yes, 5 or more years ago
4. ☐ No

**Q18. Are you a binge drinker (e.g. do you have more than 5 drinks in one setting)?**

1. ☐ Yes
2. ☐ No

**Q19. Do you have problems with alcohol or other drug abuse?**

1. ☐ Yes
2. ☐ No

**Q20. Are you seeking treatment for your problem with alcohol or other drug abuse?**

1. ☐ Yes
2. ☐ No, I am not interested in quitting just yet
3. ☐ No, I am recovering (I stopped drinking or using)
4. ☐ Not applicable

**Q21. Have any of the following relatives of yours had problems with alcohol or other drug abuse? Check all that apply.**

1. ☐ Mother
2. ☐ Father
3. ☐ Aunts/uncles
4. ☐ Grandparents
5. ☐ Siblings

**Q22. Did you ever drink alcohol, or use illegal drugs, and drive while impaired?**

1. ☐ Yes, within the past year
2. ☐ Yes, within the past 2 to 5 years
3. ☐ Yes, 5 or more years ago
4. ☐ No

**Q23. Have you ever been found guilty of DUI/OWI?**

1. ☐ Yes
2. ☐ No

**Q24. Are you on any prescription medications?**

1. ☐ Yes
2. ☐ No

**Q25. Which of the following best describes you?**

1. ☐ I am not a spiritual or religious person
2. ☐ I am a spiritual or religious person

**Q26. Which of the following best describes you?**

1. ☐ I am unhappy or dissatisfied with my life
2. ☐ I am neither dissatisfied or satisfied with my life
3. ☐ I am happy or satisfied with my life

**Q27. Which of the following best describes you?**

1. ☐ I am a private or shy person
2. ☐ I am a public or outgoing person

**IV. RESIDENCY/HOUSING**

**Q1. If you live on an Indian Reservation, on which Indian Reservation do you reside?**

1. ☐ I live on the Menominee Indian Reservation
2. ☐ I live on the Stockbridge-Munsee Indian Reservation
3. ☐ I live on the Oneida Indian Reservation
4. ☐ Other (please describe): \_\_\_\_\_

**Q2. If you live off the Menominee Indian Reservation, how far away do you live from the Reservation?**

1. ☐ I live within 50 miles
2. ☐ I live within 100 miles
3. ☐ I live within 150 miles
4. ☐ I live outside of 150 miles

**Q3. What is your current living situation?**

1. ☐ I rent
2. ☐ I own a home
3. ☐ I am homeless and living with friends or relatives
4. ☐ I am homeless and living on the street
5. ☐ I am homeless and living in a shelter/transitional housing

**Q4. Why are you renting? Check all that apply.**

1. ☐ Convenience
2. ☐ Affordable
3. ☐ Undecided on the area
4. ☐ Uncertainty over job market
5. ☐ I never thought about home ownership
6. ☐ Not ready to invest in homeownership/long-term commitment
7. ☐ I cannot afford to purchase a home/assume I cannot afford a home
8. ☐ Other (please describe): \_\_\_\_\_
9. ☐ Not applicable

**Q5. If you own your home, what type of home do you own?**

1. ☐ Mobile home
2. ☐ Modular home
3. ☐ Conventional ("stick-built")

**Q6. If you own your home, how did you buy your home?**

1. ☐ Conventional loan
2. ☐ VA Loan
3. ☐ Land contract
4. ☐ Inherited loan
5. ☐ Other (please describe): \_\_\_\_\_
6. ☐ Not applicable

**Q7. If you are homeless, what are some of the contributing factors?**

1. ☐ No available housing
2. ☐ Cannot find employment
3. ☐ Service related disability/illness

4. ☐ No education/job skills
5. ☐ Alcohol and/or Other Drug Abuse
6. ☐ Criminal convictions/background problems
7. ☐ Not applicable
8. ☐ Other (please describe): \_\_\_\_\_

**V. OTHER SERVICES**

**Q1. What veteran services have you received since you were discharged from the service? Check all that apply.**

1. ☐ VA Loans
2. ☐ Veterans' Clinic/Hospital Services
3. ☐ GI Bill – Education Assistance
4. ☐ Veterans' Group Life Insurance
5. ☐ Federal Recovery Coordination Program
6. ☐ Verification of Military Experience and Training
7. ☐ Educational and Vocational Counseling
8. ☐ Veterans' Workforce Investment Program
9. ☐ Veterans' Small Business Assistance
10. ☐ Armed Forces Retirement Homes
11. ☐ Commissary and Exchange Privileges
12. ☐ Housing and Urban Development Veteran Resource Center (HUDVET)
13. ☐ Veterans' Educational Assistance Program
14. ☐ None of the above
15. ☐ Other (please describe): \_\_\_\_\_

**Q2. How would you rate your knowledge of Veterans' benefits?**

1. ☐ High – I know which services I'm eligible for and use them often
2. ☐ Medium – I'm somewhat familiar with the benefits I'm eligible for.
3. ☐ Low – I don't what benefits I'm eligible for

**Q3. Have you ever used the services of a Veterans Services Officer?**

1. ☐ Yes
2. ☐ No

**Q4. Are you aware that Menominee County has a Veterans Services Officer?**

1. ☐ Yes
2. ☐ No

**VI. INCOME/EMPLOYMENT**

**Q1. Are you employed or unemployed?**

1. ☐ I have full time employment (w/ benefits)
2. ☐ I have part-time employment (w/o benefits)
3. ☐ I am not employed but I receive compensation ("work for cash")
4. ☐ I am unemployed and receive compensation through unemployment compensation
5. ☐ I am unemployed and am no longer eligible for unemployment compensation
6. ☐ I am a homemaker/a "stay at home" mom or dad
7. ☐ I am on Social Security/SSI
8. ☐ Other (please describe): \_\_\_\_\_

**Q2. Are you performing work now that is similar to your Military Occupational Specialty?**

1. ☐ Yes
2. ☐ No

**Q3. Which category best describes your annual income?**

1. ☐ \$10,000 or less
2. ☐ \$10,001 to \$20,000
3. ☐ \$20,001 to \$30,000
4. ☐ \$30,001 to \$40,000
5. ☐ \$40,001 to \$50,000
6. ☐ \$50,001 to \$60,000
7. ☐ Greater than \$60,000

**Q4. Which of the following do you have?**

1. ☐ Checking account
2. ☐ Savings account
3. ☐ Credit card(s)
4. ☐ Loans
5. ☐ Retirement account (e.g. IRA, 401(k), pension)
6. ☐ None of the above

**Q5. How would you rate your credit worthiness (e.g. ability to get loans, credit cards, etc.)?**

1. ☐ Excellent
2. ☐ Fair
3. ☐ Poor

#### **VII. MEMBERSHIPS/AFFILIATIONS**

**Q1. Which Veterans' groups or organizations do you belong to? Check all that apply.**

1. ☐ VFW
2. ☐ AmVets
3. ☐ American Legion
4. ☐ Veterans of the Menominee Nation
5. ☐ Other (please describe): \_\_\_\_\_
6. ☐ None

**Q2. If you are not a member of any Veterans' groups or organizations, why? Check all that apply.**

1. ☐ I don't know what the benefits of membership are
2. ☐ I don't have time to participate or volunteer
3. ☐ I'm not familiar with these groups or organizations
4. ☐ I don't like to join such groups or organizations
5. ☐ Other (please describe): \_\_\_\_\_

**Q3. Do you volunteer your time to various community activities/events?**

1. ☐ Yes
2. ☐ No

**Q4. Are you interested in volunteering your time?**

1. ☐ Yes
2. ☐ No

#### **VIII. CRIME**

**Q1. Have you ever been convicted of a crime?**

1. ☐ Yes, I have been convicted of a misdemeanor(s)
2. ☐ Yes, I have been convicted of a felony (or felonies)
3. ☐ No

**Q2. Have you ever served time in jail/prison?**

1. ☐ Yes, in jail only
2. ☐ Yes, in prison
3. ☐ No

**Q3. Have you ever been the victim of violence?**

1. ☐ Yes
2. ☐ No

**Q4. Have you ever physically assaulted a person?**

1. ☐ Yes
2. ☐ No

**Q5. Were you the victim of any of the following when you were a child? Check all that apply.**

1. ☐ Bullying
2. ☐ Hitting
3. ☐ Insults/demeaning verbal abuse
4. ☐ Neglect (e.g. hunger, dirty, left alone)

#### **IX. COMMUNICATION/ACCESSIBILITY**

**Q1. Which of the following do you possess or have access to? Check all that apply.**

1. ☐ Telephone (land/terrestrial telephone line)
2. ☐ Cellular/mobile phone
3. ☐ Computer
4. ☐ Internet (dial-up connection)
5. ☐ Internet (broadband connection)
6. ☐ A driver's license
7. ☐ A reliable vehicle
8. ☐ The Menominee Nation News
9. ☐ Public transportation
10. ☐ None of the above

Please complete this survey by:

**Monday, January 31, 2011**

and return it to:

**MITW-Administration**

**P.O. Box 910**

**Keshena, WI 54135**

The results of this survey will be published in February, 2011, and used to support grant applications to help our Veterans. Thank you for your help!